



**CSUS Sacramento
TITLE IV-E PROGRAM
EMPLOYMENT VERIFICATION FORM**

PART A: Consent For Release of Information [To be completed by Title IV-E graduate]

I (print name), _____, give permission for release of information regarding my employment from the time I completed requirements for the Pathway/BASW/MSW(circle appropriate level) in ____/____(mm/yy), through the end of my contractual period regarding employment confirmation, current status and agency position, and length of employment to the Title IV-E office at CSUS, Sacramento

CURRENT CONTACT INFORMATION:		
Address: (Street)	(City, State)	Zip
Home Phone:	Cell Phone:	Work Phone:
Personal Email:	Alternate Email:	Work Email:
Work Address:		

Signature of Graduate

Date

PART B: Employment Verification [To be completed by Personnel/Human Resources]

County/Agency Name:	Current Job Title (attach description):	Date of Hire:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, date of separation: _____		
Has employment been continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, dates of interruption of service*: _____ Reason: _____		
<input type="checkbox"/> I certify that the above named is employed for ___ hrs. /wk. or ___ hrs. /pay period in an AA/BASW/MSW-level position, serving IV-E clients. (circle appropriate level)		
Name of Agency Official:	Title of Agency Official:	Phone number:
Signature of Agency Official:	Date:	Email:

* Please note: Unpaid Leave is considered an interruption of service

PART C: Employment Verification [To be completed by Title IV-E Program]

The above information certifies that the above named individual has fulfilled the public service/child welfare employment obligation as of the indicated date.

Title IV-E Coordinator Signature

Date

Title IV-E Coordinator Name (Please print)

Phone Number

Retain a copy and return the original document to the Title IV-E Coordinator at: CSUS, Sacramento